W. PRESTON STREET, BALTIMORE 1, MARYLAND 14672 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND ARVLAND MORCESTE b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give gearest town] NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS QN A FARM YES NO 3. NAME OF Middle DATE Month Dev Last DECEASED OF (Typa or print) THARDS DEATH 19 5. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED I DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) done during most of working life, even if ratired) ARMEI ATHER'S NAME 14. MOTHER'S MAIDEN NAME -ITTLE TOIL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no or unkown) ((If yes give war or datas of sarvice) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gava rise to immediate ceusa burial DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLE O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Stata) factory, streat, offica bldg., atc.) While Not While Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. 19 ... and that death occurred at ... T.M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAM'S 22d ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) P d 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 RUNERAL DIRECTOR'S SIGNATURE ADDRESS A15 (4) arthur S. Thous

RYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14673 14639

1, PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institutions R	esidenca before admission)
Worcester MARYLAND		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN THE DUTS OF CORPORATE AND CO. CITY OR TOWN THE DUTS OF CORPORATE AND CO. CITY OR TOWN THE RURAL AND CO.	ficaston)
Snow Hill	Snow Hill	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	B. IS RESIDENCE
R R D 2 Snow Will	P F D 2 Snow Uill	YES NO
R.F.D. 2 Snow Hill 3. NAME OF PECEASED (Type or print) Middle	R.F.D. 2 Snow Hill Month OF DEATH	Dey Year
5. SEX 16. COLOR OR RACELY MARRIED TO NEVER MARRIED TO	Clark December P. AGE (In years Funder 1	YEAR I IF UNDER 24 HKS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		Days Hours Min.
WIDOWED X DIVORCED	along 60 mm	
10a. USDAP OCCUPATION (GIVE kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
done during most of working life, even if ratired)	. Manual	
13. FATHER'S NAME	14. MOTHER'S MAIDEN WAMINKNOWN	• A •
	Unknown	1 111
Unknown	在水源台上至本 在本面在水水中中中的,为大水外外里中市都	和非似中中华电影在本
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	18
1401	la alla Pana luni	~ 4 // and
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	wee allen 11.7, p 2 Anon	LINTERVAL RETWEEN
PART I. DEATH WAS CAUSED BY:	P , '41 . 1° 1 . 0	ONSET AND DEATH
IMMEDIATE CAUSE (a) Carcumy 7	treast with Widespread	
DUE TO		17
nue	slases	lyse
gave risa to immediata causa		1
(a), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
5		PERFORMED?
TO ACCIDENT WAS UNDERLYING TO LODE DESCRIPT HOLY IN HURY OCCURE	7 F	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	D. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL. While Not While feet at work at work at work	ACE OF INJURY (Home, farm, ' 2Df. (City or town) (Cour	nly) (Stata)
Hour a.m. While Not While	tory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	1/-27, 196/, to /2-4, 19.5	e.f, that (I) (we) last
saw the deceased alive on	death occured at	he date stated above
22a. SIGNATURE		22
the duck - ha	A.D. PHYS. DIRECTOR PHYS.	12/6/0
22c. PHYSICIAN'S NAME (Type) IVORY U. Sully, Jr. MK	22d. ADDRESS Berlin. Hd	, ,
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY) (Sfale)
Burial 12/9/ 1961 Bentis	Snow_Hill	MA
BUT181 12/9/ 1961 Baptis 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	the same of the sa	Md .
Al I A A A A	O111 DEC 13'61 01	S. Human
	THE DATE CIRLENA	A. Transill

director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15 (4)

Br 9/60

1 23672 Lill wont I waste 1724 -000 3 The second second , wattaan xyayr poperagan go en nor de e engapage TO SAME WORLD IN THE REAL PROPERTY. The first of the second of and the second of the second and at the property minus toot legal rafeus ALA YORK

Reg. Dist. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND STENGTH OF STAT UY 16 b. CITY OR TOWN (If autside corporate lim c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) and give negrest town! d. NAME OF HOTESTAT-OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARME ain YES T NO F NAME OF 4. DATE Month Day Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO BURTH 9. AGE (In years IF UNDER TYEAR! IF UNDER 24 HRS Months Days WIDOWED [7] DIVORCED T 100. USEAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) during goods of working life even if etired) 12. CITIZEN OF WHAT COUNTRY? du 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17: "INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: MAMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS Y PERFORMED? YES | NO T 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESPEIBE HOW INJURY OCCURRED. (Enter nature of injury in Part of ar Part II of item 18.) Exom 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) writing the wi hief Medical E OR: Page 3 sho Not white 0. 10. of work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection 14. Inquiry 7 and find that RAL DIRECTOR: P death resulted fram: Natural causes . Accident Suicide | Hamicide 179. Undetermined cause ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER forworded in ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER OT NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22CHNAME OF CEMETERY OR CREMATORY 22d. LOGATION (City, town, or county) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Enchor S. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
, MEDICAL EXAMINER'S CERTIFICATE OF DEATH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY the The Marvland Worcester MARYLAND Worcester b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) C LENGTH OF STAY IN 16 write RURAL and give nearest town) Bi shop vrs. Bishops d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS A. IS RESIDENCE ON A FARM? YES X NO completely 3. NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH Minnie Hignutt 19 67 attending physician and com Then please remove carbon p val, and in any event, within December 18 16. COLOR OR RACE 7. MARRIED T NEVER MARRIED T | B. DATE OF BIRTH 9. AGE (In years | IF UNDER) YEAR | IF UNDER 24 HRS. Jest birthdey) Female WIDOWEDX DIVORCED [10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) own home Maryland U.S.A. housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kendal S. Powell Fannie Patev 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) no Grace Hudson Bishops. Maryland e has been signed by the the burial-transit permit, burial, cremation, or rem 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cerebral vascular thrombosis DUE TO me generalized arteriosclerotic disease Conditions, if any, which gova rise to immediate couse DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? none NO X use 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20e, ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH none 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) __Not While Hour a.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from September., 161, to December, 1961 that (I) (we) last saw the deceased alive on December 6961, and that death occured at 58M, from the causes and on the date stated above ATTENDING DIRECTOR 12-18-M.D. 22d. ADDRESS Gantz Jr. St. Berlin. Maryland 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0:53 Bishopvilee. 12-20-61 Odd Fellows 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE R A15 (4) DATE 2 2 '61 Living S. Thous

How Land the State of September 1

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY a. STATE b. COUNTY Worcester MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporeta limits, write RURAL and give necrest town). write RURAL and give nearest town) Rural-Pocomoke City Rural-Pocomoke City vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS R.F.D. 3. NAME OF Middla Lasi DATE Month DECEASED (Type or print) ELIZABETH VIRGINIA HILL DEATH December 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR Blast birthday | Months | ale WIDOWED X DIVORCED and A 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) done during most of working life, even if ratired) Housewife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George R. Tawes unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT AddressVirginia Road (Yes, no, or unkown) | (If yas give wer or detes of service) Mr. Ryland M. Hill, Pocomoke City, Md. None 18. CAUSE OF DEATH [Enter only one cause per live for (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** burial Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), slating the underlying cause last. ief Medical Examin 3 should be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Page 3 2. burial, CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, ' 20f. (City or town) While Not While factory, street, office bldg., etc.) Hour a.m. et work et work forwarded to in 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) Pocomoke NAME (Typa) 22c. NAME OF CEMETERY OF SOME DOWN 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) Burial Parksley, Parksley 0 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Md . DATE DEC 2 6 '61 A15ME Chilling S. Thomas Pocomoke City.

Worcester

Day

19

TISA

(County)

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO Y

> > (State)

and in my opinion

DATE SI

a. IS RESIDENCE ON A FARM?

YES NO

1961

IF UNDER 24 HRS.

Year

M 7/59

TABLE MANAGEMENT OF THE PARTY O 1 2 .0.4.5 S ACCUMENT the last terminate the same that The state of the s 10; 10 V (4a t) 1 17-11-71 2 THE PROPERTY OF THE PARTY OF TH

Division of STATISTICAL RESEARCH EET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission Advector. Page on your files. e. COUNTY e. STATE MARYLAND NURCESTE b. CITY OR TOWN (if ouls de corporate lim is. . c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If ouls de corporate limits, write RURAL and give nearest town write RURAL and give negrest town RURA d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street address) ON A FARM? YES [] NO [3. NAME OF First Middle 4. DATE DECEASED OF (Type or print) DEATH December 17, Lee, III Harrison Henry W.ith 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours JIF UNDER 1 YEAR IF UNDER 24 HRS. may 2 with 2, and 5 may nd 2 w. hours lest birthdey) WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? within 24 hours at 18, Give Pages 1, 7 done during most of working life, even if retired; NONE wiffin MARY らまる 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM ENR 16 SOCIAL SECURITY NO. 1 17. INFORMANT 15. WAS DECEASED EVER NU.S. ARMED FORCES? [Yes, no, or unkown) | (Ifyesgive wer or detes of service) e along with i ib. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. and IMMEDIATE CAUSE (a) Acute pulmonary edema in pencil Office removal. DUE TO burial acute bronchopneumonia day Conditions, if any, which gave rise to immediate cause pending (0 Examiner's DUE TO (e), stating the underlying used as 占 cause lest. cremation, PART II. OTHER SIGNIF CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 . 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 sase execute the certificate, writing the word forwarded to the Chief Medical L DIRECTOR: Page 3 should b NO 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of item 18.) PRIMARY | or CONTRIBUTING | DEPUTY MEDICAL EXAMINER. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year | 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, 20f. (City or lown) 808 10 bi (County) (State) While Not While fectory, street, office bldg., etc.) Hour e.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection of Inquiry 30 and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [designated ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE Snow Hill DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (1/00 Robert C. LaMar, M. D., Maryland Address (Street, city, lown, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) Q40 p Q H NEW 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. ATSME DEG 2 7 '61 5M 7/59 JAlisbunu



1			MARYLAND ST DIVISION OF STATISTICAL RESEARCH AND	TATE DEPARTMENT OF HE RECORDS, 301 W. PRESTON ST	ALTH REET, BALTIMORE 1, MARYLAND
. :			34678 CERT	IFICATE OF DEATH	14644
urs after	M)	1.	LACE OF DEATH COUNTY Worcester	2. USUAL RESIDENCE (W • STATE Marylan	b. COUNTY Borcester
n 24 ho Jin by thess 1 and fror death	X		CITY OR TOWN (if outside corporate him is, write RURAL end give neerest fown) Whaleyville Life	STAY IN 16 c. CITY OR TOWN (Houlding	to corporate limits, write RURAL and g ve neerest lown cyville
ed withi		3.	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street XX IAME OF First M. do	RFD Los! A. D	
e execut d comple bon pap within					PEATH Dec 10 1961 19 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS lost birthdey) Months Days Hours Min.
icate 6		10e	, , , , , , , , , , , , , , , , , , , ,	ORCED April 3, 188	6 75 yrs
th gert.:19 g physical se remo			Farmer Own farm	Maryland 14. Mother's Maiden Name	USA
the death strending hen pleas at, and in		15. (Ye	John W. Littleton was deceased ever in J.S. Armed Forces? 16. Social Securi no, or unkown) (livesgive werordetes of service)		Address
s that ian. by the rmit. T		٦	XX XX 1218-34-3 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), e PART I. DEATH WAS CAUSED BY:	nd (c).]	is Bishop, Md. INTERVAL BETWEEN ONSET AND DEATH
I. The law require or aftending physical has been signed I be burial-transit peurial, cremation, o			Conditions, if eny, which geve rise to immediate ceuse (a), stating the underlying ceuse last,	of Prostate Gland	
IVSICIAN hospital o certificate ir use as the	0	RT FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DI	YES NO
DING PF ned by the After this letached fo of Health		MED CAL CERT	IF EITHER, NOTIFY MEDICAL EXAMINER)	RED 20e. PLACE OF INJURY (Home, ferm, 20 fectory, street, office bldg , etc.)	f. (C ty or lown) (County) (State)
ATTEN be retail ECTOR: ould be d			21. I certify that (I) (this hospital) attended the decessaw the deceased alive on	,	
IAL OR ye 4 may IAL DIR age 3 sh ith the St	,		220. SIGNATURE Grank Levic 22c. PHYS CIAN'S	M.D ATTENDING MED. PHYS. DIRECTO	OR PHYS. 12-11-67
th. Particle.	/	236			s, Maryland LOCATION (City, town or county) (State)
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	•		Buris 1 12/13/61 Dile	W	haleyville, Md.
15M 9/60	The state of the s		Leter Whaley Selleym	elle Du, DATE TEL	13 61 Con Ta Teams



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edmiss) 1 PLACE OF DEATH - COUNTY b. COUNTY Page Worcester Marvland Wordester Files. MARYLAND 13 to the funeral director. Page be retained for your file with the State Board of He b CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give neerest town) about Pocomoke City Rural-Pocomoke City weeks d. STREET ADORESS a. IS RESIDEN d. NAME OF HOSPITAL OR NSTITUT, ON (if not in hospital, give street address) ON A FARM Hillman Road Clarke Avenue Ext. YES NO 3 NAME OF Last 4. DATE First Middle OF DECEASED DEATH CARLTON MEARS (Type or print) WITTITAM December AGE (In years IF UNDER 1 YEAR with IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 5. SEX 7, MARRIED NEVER MARRIED X 2 with lest birthday) | Months | Days and 2, and 5 mid 2 Male **WIDOWED** DIVORCED 10e LSUAL OCCUPATION IG ve kind of work 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) 12. CITIZEN OF WHAT COUNTRY? Give Pages 1, 2, srm PM3. Page 5 File pages 1 and done during most of working life, even if refired) Virginia USA Day Labor Laborer pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mae Ann Davis Charles E tem 18. Giv with form P permit. File 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((fyes give wer or detes of service) Charles T. Mears, Pocomoke City, Md. Korean INTERVAL BETWEEN 18. CAUSE OF DEATH Ifnter only one cause per line for (e), (b), end (c).) Office along a burial-transit r ONSET AND DEATH none and IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause FC) DUE TO word "pen-(e), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1 ... 19. WAS AUTOPSY PERFORMED? NO 1 Medical pinous 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part I of stem 18) 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING writing to Chief A 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Day, Year (County) (State) 20c. TIME OF INJURY Page factory, street, office bldg., etc.) White Not While AED. Hour e.m. et work el work certificate, ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K Inquiry X and in my opinion Accident | Suicide X. Undetermined manner Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Robert C. La Mar. M. D. NAME (T)pe) Address (Street, city, town, or county) Snow Hill 220, BURIAL, CREMATION, 228 DATE THEREOF MIGITAZE, NAME OF CEMETERY OF KEMANDEX 22d, LOCATION (City, fown, or country) REMOVAL (Spec fy) Virginia -23-62 Wattsville Methodist Wattsvi <u>_</u>40 ₽ Burial 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR · 1 8 VS. A15ME Pocomoke City, Md. OATE JAN 24 '62 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE DESCENDER EXAMINER: This certificate should be executed within 24 hours after death. If any desperance please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer actor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be relained for your fles.

TO FUNERAL BIRECTOR: Rage 2 should be a wide as a burial-transit permit. If the pages 1 and 2 with the State Board of Westim or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after leath. VS AISME 5M 9/60

MAKTLAND STATE DEPARTMENT OF HEALTH	
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
MEDICAL EVAMINEDIS CERTIFICATE OF DEATH	S 27 P

	1/600 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14645
1	PLACE OF DEATH COUNTY STATE COUNTY COUNTY COUNTY COUNTY
	ov orcester
	b. CITY OR TOWN (if outside corporate limits, water RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, water RURAL and give nearest town)
ŀ	d. NAME OF HOSP, TAL OR INSTITUTION (if not in perspital, give style address) d STREET ADDRESS
	ON A FARM
	3. NAME OF Thirst And I VES NO WAS A DATE Month Doy YES NO WAS A DATE MONTH DOY
	(Type or print) Webster / Durion / Lets OF DEATH /2 10 1961
71	5. SEX 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
	WIDOWED DIORCED 9/2-2-//5744 87 yrs.
1	10s. USUAL OCCUPATION (Gwestind of work does find of work does fluring mental working Me, even if rost 1) 12. CITIZEN OF WHAT COUNTRY?
-	13. FATHER'S NAME 7 14. MOTHER'S MAIDEN NAME 7
	W- Mets
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MY Vermon H. Magta (Son Box#85
	(Yes, no. 3 unkown) (lifyesgivewarordatesofservice) May 6 10 2 2 2 10 2 2 - 0 20 70 1 2 3 10 10 10 10 10 10 10 10 10 10 10 10 10
ı	18. CAUSE OF DEATH [Enter only one cause per time for (e), (b), and (c).]
J	PART I. DEATH WAS CAUSED BY I IMMEDIATE CAUSE (a) 1 2000 CM AND EATH I CAUSE (b) 1 2000 CM AND EATH I
	DUE TO
	Conditions, if any, which (b)
	(a), sighting the underlying DUE TO cause last,
	10/
1	PERFORMED? YES \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
-	
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) Hour e.m. While Not While factory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
	CHIEF MEDICAL EXAMINER
	ACTUAL SIGNATURE A AND AND ASSISTANT MEDICAL EXAMINER DATE BIGNED
	EXAMINER'S A S DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
1	NAME (Type) Address (Street, city, town, or source) (Street) (Street)
	Buriel 12-13-61 Paraonis engling William Md.
ł	23, FUNERAL DIRECTOR ADDRESS ADDRESS 1248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Holloway the Sulesbury, Md DEC 15'61 C in S. Kings
-	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) E COUNTY COUNTY YorcesTe MARYLAND WorcesTer b. CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO carbon paners 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) DEATH 196/ AGE In years (IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS last birthdey) Months WIDOWED [2] physician 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) abarer 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. [[[vasgivewar or detes of service] r attending physician, has been signed by the 18. CAUSE OF DEATH [Enter only ona cause per line for (e), (b), end (c).] ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO (b) gave rise to immediate cause DUE TO (a), stating the underlying ed by the hospital o After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY PERFORMED? NO T 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in ury in Part I or Part II of Iem 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER detached 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, ' 20f. (City or town) (State) Month, Dey, Year (County) factory, street, office bldg., etc.) Not While While Hour e.m. at work DIRECTOR: 3 should be det p.m. 21. I certify that (I) (this hospital) attended the deceased from...... .4 19, that (I) (we) last 19. 4 A and that death occured at SERM, from the causes and on the date stated above. saw the deceased alive on. 4 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S rector, 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 5 F Cemetery REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR'S SIGNATURE **YR A15 (4)** 15M 9/60 (Circher & France

STATE DEPARTMENT OF HEALTH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death. Page 4 may be retained by the hospital or attending physician of certificate has been signed by the attending physician and completely filled in by the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) COUNTY b. COUNTY ORCESTER b. CITY OR TOWN (if outside corporete limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give neerest write RURAL and give nearest town) CEA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) a IS RESIDENCE ON A FARM? YES T NO TO 3. NAME OF First Middle 4 DATE DECEASED OF (Type or print) DEATH AZZ.AR 196 9. AGE (In years HE UNDER 1 YEAR ! IF UNDER 24 HRS. lest birthday) Months House WIDOWED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) eve 1 12. CITIZEN OF WHAT COUNTRY? dong during most of working life, even if ratired) ONTRACTUR 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unkown) | (If yes give werer detas of service) 1219-03-0031 14. CAUSE OF DEATH [Enter only one cause per time for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, DUE TO gave rise to immediate cause DUF TO (e), stating the underlying cause fest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IIal 19. WAS AUTOPSY SIS PERFORMED? 206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) While Not While fectory, street, office bldg., etc.) at work | et work p.m. 21. I certify that (I) (this hospital) attended the deceased from ... 1 that (I) (we) last saw the deceased alive on. 22a. SIGNATUR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d DDRESS 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 1 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) VERGREEN 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15 (4) 9/60 DATE JAN 4

MARYLAND STATE DEPARTMENT OF HEALTH

24 hours after in by the been signed by the attending physician and completely fi I OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the hospital or attending physician. L DIRECTOR: After this certificate has be retained by TO HOS Well FU

NA ENGLISH

STABLESTON PRINCE

(1) at 22

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND REC PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 122/62 . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before admission) e. COUNTY e. STATE b. COUNTY Worcester MARYLAND Maryland

C. CITY OF TOWN (If outside corporete limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) Snow Hill Snow Hil d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, givertreat address) a. IS RESIDENCE ON A FARM? YES NO NAME OF Day DECEASED OF (Type or print) DEATH Learh W. Spencer AGE (In yeers if OND IF UNDER 4 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1906 last birthday Months Hours WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County/& State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Domestic Maryland U.S.A. 13. FATHER'S NAME Joseph Price
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mary Brown 16. SOCIAL SECURITY NO. Address (Yes, no, or unkawn) ! (If yes give war or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. 21, 1961, to Sec. 31, 1961, that (1) (we) last19. Cal., and that death occurred at 3. P.M., from the causes and on the date stated above. 22e. SIGNATURE ATTENDING. MED. STAFF DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, lown or county) REMOVAL (Specify) I96 Ebenizer Snow Hill 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS arthur & Hearn DATE

5 (4)

2.8 managed Instrument. Southern Sauly 2/3/040# and -